

CITY OF ATLANTA DEPARTMENT OF FINANCE BUREAU OF TREASURY



Phone number 404.330.6270 Fax number 404.658.7150 <u>e-mail: closingpayoffbox@atlantaga.gov</u> Pay-off Request Form

** REQUESTS WILL BE PROCESSED WITHIN 48 HOURS **

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FIRM / COMPANY NA	BE COMPLETED BY (LOSING A	ACCT#	/ MORIGAGE CON	//PANY	
PHONE #		FAX #				
DATE NEEDED		CONTRACT CLOSING DATE				
CONTACT PERSON		PARCEL ID#				
Please make check	k(s) payable to the City of Please submit s			e, S. W. Suite 1350, A emolition Payoff.	tlanta, Georgia 30335.	
SALE	REFINANCE	FORECLOS	SURE	TITLE S	EARCH	
SANITARY SERVICE CHARGES				LIENS A	LIENS AND DEEDS	
PROPERTY ADDRESS						
SUBDIVISION			SELLER(S) MAILING ADD			
PURCHASER(S) NAM	ME					
TO B	BE COMPLETED BY T	HE CITY O	- — — — — F ATLANTA		. — — — — — — . TMENT	
					LIEN AMOUNT	
Amount Good Through			_Total Due \$			
Account Status:	Current	-	Delinquen		<u>—</u> .	
THE DISPOSAL OF BE SUBJECT TO		SH, "IF UN PROPERT E SAME RE	PAID, SHAL Y SERVED	LL CONSTITUTE A , WHICH SHALL BE		